

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: 09/18/06		2 Serial/Patent # 10/042,226									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
<input type="checkbox"/>	Filing			\$							
<input type="checkbox"/>	Amendment			\$							
<input checked="" type="checkbox"/>	Extension of Time	IFW	03/15/06	\$ 1,020.00							
<input type="checkbox"/>	Notice of Appeal/Appeal			\$							
<input type="checkbox"/>	Petition			\$							
<input type="checkbox"/>	Issue			\$							
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$							
<input type="checkbox"/>	Maintenance			\$							
<input type="checkbox"/>	Assignment			\$							
<input type="checkbox"/>	Other			\$							
			7 TOTAL AMOUNT OF REFUND	\$ 1,020.00							
10 REASON:		8 TO BE REFUNDED BY:									
<input type="checkbox"/>	Overpayment	<input type="checkbox"/> Treasury Check									
<input type="checkbox"/>	Duplicate Payment	<input checked="" type="checkbox"/> Credit Deposit A/C #:									
<input checked="" type="checkbox"/>	No Fee Due (Explanation):	9 <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">3</td> <td style="width: 20px; text-align: center;">--</td> <td style="width: 20px; text-align: center;">3</td> <td style="width: 20px; text-align: center;">4</td> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">2</td> </tr> </table>			1	3	--	3	4	0	2
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OUTSIDE MAXIMUM PERIOD OBTAINABLE											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: Patricia Faison-Ball		TITLE: Attorney									
SIGNATURE: <i>Patricia Faison-Ball</i>		PHONE: 2-3212									
OFFICE: PETITIONS											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <i>CKK</i>		DATE: 9/19/08									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

1253

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket Number (Optional)

BAYER-0024-A

In re Application of
Bernd RIEDL et al.Application Number
10/042,226Filed
January 11, 2002 ω -CARBOXYARYL SUBSTITUTED DIPHENYL UREAS AS
For RAF KINASE INHIBITORSGroup Art Unit
1614Examiner
Dwayne C. JONES

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- ☐ One month (37 CFR 1.17(a)(1)) \$ _____
☐ Two months (37 CFR 1.17(a)(2)) \$ _____
☒ Three months (37 CFR 1.17(a)(3)) \$1020.00
☐ Four months (37 CFR 1.17(a)(4)) \$ _____
☐ Five months (37 CFR 1.17(a)(5)) \$ _____
☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.
☒ A check in the amount of the fee is enclosed.
☐ Payment by credit card. Form PTO-2038 is attached.
☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.
☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 13-3402.
 I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ attorney or agent of record.

☐ attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a). _____

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

March 14, 2006

Date

Signature

Richard J. Traverso, Reg. No. 30,595

Typed or printed name

03/16/2006 SZEWDIE1 00000025 10042226

02 FC:1253

1020.00 (P)

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Adjustment date: 09/19/2006 CKHLOK
03/16/2006 SZEWDIE1 00000025 10042226
02 FC:1253

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